

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION

**APPLICATION FOR REGISTRATION CERTIFICATE
INFANT, FAMILY, OR GROUP DAY CARE HOME**

Provider Name _____ **Phone #** _____

Facility Name _____ **E-Mail** _____

Facility Address _____
Street City State Zip

Mailing Address _____
Street / PO Box City State Zip

Directions to day care (from the nearest major street or highway) _____

Type of registration applying for: ☐ **Family** (family homes allow a maximum of 6 Children)
(please check one box) ☐ **Group** (group homes allow a maximum of 12 Children)
Please specify, if you wish to take less than the maximum allowable number of children, as specified above. _____

Number of own children, under the age of 6, that will be cared for at the facility: _____

**Please mark the youngest and oldest age
of children, you wish to provide care to:**

0	1	2	3	4	5	6	7	8	9	10	11	12

Hours of operation (days and hours): _____

ORIENTATION:

- ☐ I have taken New Provider Orientation _____
(mm/dd/yy)
- ☐ I am scheduled to take New Provider Orientation _____
(mm/dd/yy)

START DATE: I would like to my registration to be effective _____ please see effective
(mm/dd/yy) date policy.

REGISTRATION EFFECTIVE DATE POLICY

- We will not give you a registration start date prior to the date we receive your application.*
- Your registration start date will not be prior to the effective date of your Liability and Fire Insurance and will not be approved until we have proof of Liability and Fire Insurance.*

DAY CARE LOCATION:

Is the day care located in your residence? [] Yes [] No

If Yes, Please complete both the Household Member table and the Caregivers table

If No, you only need to complete the Caregivers table.

*If you are renting please make sure it is ok with your landlord to provide day care on the rental property.

HOUSEHOLD MEMBERS

*In the space provided below please include the name and birth date, of all persons presently living in the home, where day care will be provided. **(Please include yourself, if you reside there)**

Name	Date Of Birth	Relationship
1		
2		
3		
4		
5		

CAREGIVERS

Please list the names, addresses, and phone number of all persons responsible for the direct care and supervision of children in your facility.

Name	Mailing Address (Street or PO Box, City, State, Zip)	Phone #
1		
2		
3		
4		

- a. *Each person over 18 living in the home and all care givers are required to complete a RELEASE OF INFORMATION Form. **
- If a household member or a caregiver has lived outside of Montana within the last five years, that person will need to obtain an out of state background check.
- b. *Each person over 18 living in the home and all care givers are required to complete a STATEMENT OF HEALTH Form. **
- c. *Each person over 18 living in the home and all care giver, including volunteers, are required to supply copies of their immunizations to the Child Care Licensing Program.*
Immunizations required are:
 1. *MMR, if born after 1-1-57*
 2. *MMR or a Rubella Titer test is required for those born prior to 1-1-57*
 3. *Tetanus/Diphtheria (required every 10 years)*
- d. *All caregivers must hold a current course completion card in Infant, Child, and Adult CPR (regardless of the ages that are in care) and Standard First Aid.*

❖ The above forms are to be completed by each person over 18 living in the home and all care givers

1. EDUCATION AND EXPERIENCE

a.

Elementary of High School (Circle years completed) / Did you graduate or receive GED...													
1	2	3	4	5	6	7	8	9	10	11	12	[] Yes	[] No
College													
1	2	3	4	more than 5		Degree(s)_____							

b.

Describe any experience and training you have had in the care and supervision of children. Give dates, locations and names of any organizations or agencies, which you worked for:

2. PRIOR REGISTRATIONS / LICENSES

a. Have you been **registered** or **licensed** to care for children, in Montana or in any other state?

[] Yes [] No

If "Yes," when were you registered or licensed? _____

Please list location: _____

Facility Name

Address (include City, State, Zip)

County

b. What kind of registration or license did you have? (day care, foster care, etc.)_____

c. Have you ever been denied a license or registration to care for children

or have you ever had a restricted, suspended or revoked registration or license? [] Yes [] No

If "Yes," When, Where, and why was the application denied or the registration or license restricted suspended, or revoked?

4. CHILD ABUSE and NEGLECT

Have you ever had a child removed from your home? ☐ Yes ☐ No

Have you or anyone living in your home been investigated for possible abuse or neglect by the Department, a child welfare agency in another state, or law enforcement? ☐ Yes ☐ No

If "Yes," what is the child's name? _____

What is your relationship with the child? _____

Where and when did this happen? (please give dates)_____

5. CRIMINAL CHARGES / CONVICTIONS

Applicants and providers must meet certain requirements such as being free of criminal charges and convictions. As the agency responsible for child care registration/licensing, the Department of Public Health and Human Services (DPHHS) must ensure the safety of children in a child care setting. In complying with this each provider, care giver, and adult persons residing in the home must complete a **"Release of Information Form,"** to be notarized and submitted with this application, along with the applicant completing the following questions. These questions apply to all persons residing in the home.

- a. Have you or any person residing in the home lived in another state within the last five years? ☐ Yes ☐ No

If "Yes," Please list the states you have lived in, in the last five years, and the dates:

- b. Have you or any person living in your home been convicted of, plead guilty to, or currently charged with a crime classified as an offense against any person or family? ☐ Yes ☐ No

If "Yes," give details, including name of person, date, place and nature of the conviction and disposition:

- c. Have you or any person living in the home ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)? ☐ Yes ☐ No

If "Yes," Please explain.

- d. Have you or any person living in he home been convicted of a crime [☐] Yes [☐] No
Involving, child or elder abuse or neglect, including sexual abuse,
physical assault, or other act of violence?

If “Yes,” Please explain.

6. HEALTH:

Applicants and providers must meet certain personal health requirements. As the agency responsible for child care registration/licensing, the Department of Public Health and Human Services (DPHHS) must ensure that the health of all providers and family members is adequate to meet the demands of the care being provided. In complying with this each provider, care giver, and adult persons presiding in the home must complete a “**Statement of Health Form,**” to be submitted with this application.

7. ADDITIONAL COMMENTS:

8. In Accordance with the Montana Child Care Act, (52-2-702-714), Montana Code Annotated, I hereby request the re-issuance of a Infant, Family, or Group Day Care Home Certificate of Registration on the basis of my affirmation of the following statements:

Please
Initial

- _____ a. I have received and have read a copy of the State Regulations for Family / Group Day Care Homes and Infant Care.
- _____ b. I certify, to the best of my knowledge and belief that, I will be in compliance with the State Regulations for Family/Group Day Care Homes and Infant Care, while children are in care.
- _____ c. I understand that I cannot care for more children at any one time than are indicated by the Registration Certificate. This number includes my own children under the age of 6 years.
- _____ d. I understand that any complaints about my registered day care home may be investigated by a representative of the Department, without prior notification.
- _____ e. I understand that my registered day care home may be visited, and I will allow worker entry.
- _____ f. If I move to another address or stop providing care to children I must notify the Department of Public Health and Human Services, Child Care Licensing Program.
- _____ g. I understand that the name and address of my registered day care home will appear on a list which is maintained by the Department of Public Health and Human Services
- _____ h. I will keep the necessary Insurance in force covering the total number of children I am caring for. I certify that I have adequate Public Liability and Fire Insurance for the purpose of conducting child day care. **Please provide us with the name of your insurance company, the contact person, policy number, effective dates, and number of children, coverage is provided for, by completing the "Insurance Verification Form".**
- _____ i. I will provide the department with the names, addresses, phone numbers, and parents names, of each child in my care whenever requested to do so by the department.

To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.

(Signature)

(Date)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me, this _____ day of _____ A.D. _____

(Notary Public for the State of Montana)

Residing at _____

My Commission Expires _____